



# KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD

P.O. Box 1360, Frankfort, Kentucky 40602  
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)  
Phone: (502) 564-3296 ~ Fax: (502) 696-4961 ~ <http://dop.ky.gov>

## APPLICATION FOR LICENSURE RENEWAL

### INSTRUCTIONS

1. In accordance with 201 KAR 43:080 your renewal for Licensed Behavior Analyst or Licensed Assistant Behavior Analyst shall biennially be submitted on or before the last day of the calendar month during which the license was issued.
2. This application and all supporting material must be submitted to the Kentucky Applied Behavior Analysis Licensing Board either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.
3. Attach continuation sheets if more space is needed to provide information.
4. This renewal application and all supporting material must be submitted with the required fee as shown in fee schedule. This fee is nonrefundable. All fees paid by check or money order must be made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
5. Refer to KRS 319C.050, and 201 KAR 43:080, and 201 KAR 43:030.

### APPLICATION TYPE

- ☐ Licensed Behavior Analyst (**Renewal**)      **Renewal Fee: \$300.00**  
☐ Licensed Assistant Behavior Analyst (**Renewal**)      **Renewal Fee: \$200.00**

### APPLICATION INFORMATION

1. 

Name: Last	First	Middle I.	Social Security Number
<hr/>			
Mailing Address: Street	City	State	Zip Code
<hr/>			
(    )    -    (    )    -    (    )    -			
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address
<hr/>			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No.    Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female    Date of Birth: <hr/>			
2. BCBA/BCaBA Certification #: 

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 BCBA/BCaBA Certification ☐ Active ☐ Inactive
3. Are you licensed as a health care provider in Kentucky, or in any other jurisdiction? ☐ Yes ☐ No. If yes, Please indicate the jurisdiction you are currently licensed in.  

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4. Has your license or certification in Kentucky or any other state ever been disciplined or revoked?  
☐ Yes ☐ No. If yes, please give details on a separate sheet listing the date and governing body who suspended or revoked your license or certification and the exact reason for the suspension or loss.
5. Have you ever been convicted of a felony? ☐ Yes ☐ No. If yes, please attach an explanation and official court documentation showing disposition of the case.
6. Have you ever been discharged or forced to resign for misconduct from any position, from any professional training program, or from the program of any university? ☐ Yes ☐ No. If yes, please attach explanation and supporting documentation.



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7. If you are applying for renewal of assistant license, please indicate who will be supervising your practice.

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Certification Number

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Certification Number

### APPLICANT'S AFFIDAVIT

I, the applicant names in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license / certification revoked by the board.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



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## PLEASE COMPLETE THE FOLLOWING RELATED TO YOUR STATUS (Must be submitted with application materials)

1. Have you been denied licensure / certification in any state or jurisdiction? ☐ Yes ☐ No
2. Has your license / certification been suspended or revoked in any state or jurisdiction? ☐ Yes ☐ No
3. Have you surrendered or allowed your license / certification to lapse in any state or other jurisdiction due to an action pending or threatened? ☐ Yes ☐ No
4. Has your license or certification been subject to any disciplinary action by any licensure / regulatory board? ☐ Yes ☐ No
5. Have you entered into a consent agreement or other arrangement with any licensure or regulatory board in connection with a disciplinary action? ☐ Yes ☐ No
6. Are you aware of any pending disciplinary action against your license or certification in any state or other jurisdiction? ☐ Yes ☐ No
7. Have your clinical privileges at any hospital or other health care institution or clinic been denied, limited, suspended, revoked, or not renewed for any reason? ☐ Yes ☐ No
8. Have you been denied professional liability insurance or has your policy been cancelled and / or restricted? ☐ Yes ☐ No
9. Have you had psychiatric hospitalization in the past five years? ☐ Yes ☐ No
10. Have you been treated for alcohol or drug abuse / dependence in the past five years? ☐ Yes ☐ No
11. Do you suffer from any illness or health condition which limits or impairs your ability to practice in your profession? ☐ Yes ☐ No
12. Have you been convicted of a felony in the past five years? ☐ Yes ☐ No
13. Has any third party payer, including Medicare or Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to the quality of your professional practice? ☐ Yes ☐ No
14. Have you been disciplined by a professional organization for a violation of ethical standards? ☐ Yes ☐ No
15. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Databank? ☐ Yes ☐ No

**If you have answered "yes" to any of the above questions, please explain on a supplementary sheet.**



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Date

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Applicant's Signature